

FILED JAN 22 1941

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

44156

## 1. PLACE OF DEATH

County Vernon  
Township Richards  
City Richards (No. 2)Registration District No. 876  
Primary Registration District No. 6163File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_2. FULL NAME Harriet Caroline Higgins(a) Residence, No. Richards St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF (OR) WIFE OF Alexander M. Higgins6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17, 18657. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
75 7 98. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Margantown, Ind.  
(STATE OR COUNTRY)13. NAME John Fry14. BIRTHPLACE (CITY OR TOWN) no record  
(STATE OR COUNTRY) Ind15. MAIDEN NAME Lucie Dawghterv16. BIRTHPLACE (CITY OR TOWN) No record  
(STATE OR COUNTRY) Ind17. INFORMANT Mrs. Gertie Johnson  
(ADDRESS) Fort Scott, Ks.18. BURIAL, CREMATION, OR REMOVAL  
PLACE Richards, Cem. DATE Dec. 1, 194019. UNDERTAKER Geo. A. Konantz  
(ADDRESS) Fort Scott, Ks.20. FILED Dec. 1, 1940 Stella Field  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 26, 194022. I HEREBY CERTIFY, That I attended deceased from Nov 26 to Nov 26, 1940I last saw her alive on Aug 20, 1940 Death is saidto have occurred on the date stated above, at 6 am

The principal cause of death and related causes of importance were as follows:

Date of onset

Chr. Myocarditis  
Senility 10 yrsOther contributory causes of importance: 93 C

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Amisul Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) Lawrence R. Cooper M. D.(Address) St. Scott, Kansas

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RECEIVED

District Health Officer No. 7,

District File Number 1-41-51

Date Filed 1-4-41